

COMMONWEALTH of VIRGINIA

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The Hon. Benjamin L. Cline Joint Commission on Health Care 900 E. Main Street 1st Floor West Richmond, VA 23219

Dear Delegate Cline:

I am writing to provide a response to a specific question raised during the May 17th meeting of the commission's Behavioral Health Subcommittee. During the department's presentation about Virginia's training centers, Delegate Dance requested additional information about the number of individuals who leave training centers and are readmitted because they have had an unsuccessful community placement. Thank you for the opportunity to respond. This letter includes information about re-admission rates for FY10 and FY11 at all five of Virginia's training centers.

There are three types of admissions to training centers. The first are long-term admissions over 75 days in length. Individuals who have resided in training centers for many years fall into this category. As Delegate Dance is aware from her experience as a health care professional who worked with individuals with intellectual disabilities, it can take many months to safely transition an individual that has been living at a training center for years to the community. Our data shows that in Virginia in FY10, only one individual who left the training center for community placement was readmitted to the training center. In FY11, only two individuals in this category were readmitted to the training center.

Emergency admissions are another category of admissions at training centers. These admissions last less than 75 days. Individuals admitted under this category are typically exhibiting extreme behaviors or have serious medical conditions in their community placement and training centers serve as a last resort to provide stabilizing care and then return them to the community. Currently, there are few crisis services available in the community so individuals with extreme behavioral problems and complex needs often are admitted to training centers. On average, there are approximately 40 emergency admissions each year per training center. Of those, in FY10 there were 13 individuals who were admitted as emergencies and were consequently re-admitted

again in the same year. You will recall that the 2011 General Assembly appropriated \$5M to establish community-based crisis prevention and stabilization programs for individuals with intellectual disabilities in FY12. These programs will vastly improve community capacity to serve individuals in crisis and prevent their admissions to training centers. I am very hopeful about the positive impact this funding will have on the individuals in crisis.

The last category of admissions is respite admissions, which are planned admissions to provide caregiver respite and assist with stabilization after medical procedures. Virginia's training centers, particularly Northern Virginia Training Center, provide a significant number of respite admissions each year. Since they are planned, re-admissions are not considered in this analysis.

Again, thank you for the opportunity to respond. I hope this information is helpful to the commission as it continues to research the current status of the statewide intellectual services system. I am happy to answer any further questions the commission may have.

Sincerely.

James W. Stewart, III

Cc: Hon. William A. Hazel Jr., M.D.

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